

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1	Public Employer:	Dumont Board of Education	County:	Bergen
2	Employee Organization:	Dumont Association of School Administrators and Principals	Number of Employees in Unit:	14
3	Base Year Contract Term:	June 30, 2017	New Contract Term:	July 1, 2017 - June 30, 2020

**SECTION II: Type of Contract Settlement (please check only one)**

4	<input checked="" type="checkbox"/> Contract settled without neutral assistance
5	<input type="checkbox"/> Contract settled with assistance of mediator
6	<input type="checkbox"/> Contract settled with assistance of fact-finder
7	<input type="checkbox"/> Contract settled with assistance of super-conciliator
8	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
Yes <input type="checkbox"/> No <input type="checkbox"/>	

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ 1,816,844
10	Longevity Costs in Base Year	\$ 0
11	Total Salary Base	\$ 1,816,844

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	7/1/2017	7/1/2018	7/1/2019		
13 Cost of Salary Increments (\$)	47,238	48,466	49,726		
14 Salary Increase Above Increments (\$)	0	0	0		
15 Longevity Increase (\$)	0	0	0		
16 Total \$ Increase (sum of lines 13-15)	47,238	48,466	49,726		
17 New Salary Base (\$)	1,864,082	1,912,548	1,962,274		
18 Percentage increase over prior year	2.60 %	2.60 %	2.60 %		%

\*If contract duration is longer than five years, please add an additional page.

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

*\*If contract duration is longer than five years, please add an additional page.*

## SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$ 263,635	\$ 284,726
22	Prescription Plan Cost	\$ 0	\$ 0
23	Dental Plan Cost	\$ 17,538	\$ 17,538
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 281,173	\$ 302,264
26	Employee Insurance Contributions	\$ 98,411	\$ 105,792
27	Employee Contributions as % of Total Insurance Cost	35	% 35

**Section VI: Medical Costs (continued)**

**28** Identify any insurance changes that were included in this CNA.

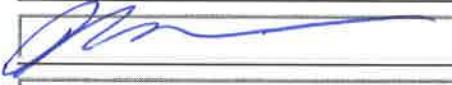
Not Applicable.

**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

Print Name:

Position/Title:

Signature: 

Date:

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

Revised 8/2016